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B 22A (Official Form 22A) (Chapter 7) (04/10)

In re Trautman, Lee and Pamela Debtor(s)	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
Case Number:(If known)	 The presumption arises. ✓ The presumption does not arise. The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line IC applies, joint debtors may complete a single statement. If the exclusion in Line IC applies, each joint filer must complete a separate statement.

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
IC	Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed; OR
	 b.

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	Pa	ort II. CALCULATION OF MONTHL	Y INCOME FOR § 707(b)	(7) I	EXC	CLUSIO	N	
		al/filing status. Check the box that applies and co	•	this s	state	ment as dir	ecte	ed.
2	 b. Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code. Complete only Column A ("Debtor's Income") for Lines 3-11. 							
	c. Married, not filing jointly, without the declaration of separate households set out in Lin Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.						mpl	ete both
	d. 🔽	Married, filing jointly. Complete both Column A ines 3-11.			3 ("5	Spouse's I	nco	me") for
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.						Column B Spouse's Income	
3	Gross	wages, salary, tips, bonuses, overtime, commis	sions.		\$	2,000.00	\$	4,000.00
4	Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.							
"	a.	Gross receipts	\$]				
	b.	Ordinary and necessary business expenses	\$					
	c.	Business income	Subtract Line b from Line a	┚╏	\$	0.00	\$	0.00
	in the	and other real property income. Subtract Line by appropriate column(s) of Line 5. Do not enter a nart of the operating expenses entered on Line by	number less than zero. Do not incl					
5	a.	Gross receipts	\$]				
	b.	Ordinary and necessary operating expenses	\$					
	c	Rent and other real property income	Subtract Line b from Line a		\$	0.00	\$	0.00
6	Intere	st, dividends and royalties.			\$	0.00	\$	0.00
7	Pensio	on and retirement income.			\$	0.00	\$	0.00
8	expen purpo	mounts paid by another person or entity, on a ses of the debtor or the debtor's dependents, in se. Do not include alimony or separate maintenar pouse if Column B is completed.	cluding child support paid for t		\$	0.00	\$	0.00
9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:							
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ Spouse \$						\$	0.00

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10	Income from all other sources. Specify source and amount. If necessar sources on a separate page. Do not include alimony or separate mainter paid by your spouse if Column B is completed, but include all other palimony or separate maintenance. Do not include any benefits received Security Act or payments received as a victim of a war crime, crime again victim of international or domestic terrorism.					
	a.	\$				
	b.	\$				
	Total and enter on Line 10		\$	0.00	\$	0.00
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 through 10 in Column B. Er		\$	2,000.00	\$	4,000.00
Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A. \$						6,000.00
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION				
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the an 12 and enter the result.	nount from Line 12 b	y the	number	\$	72,000.00
14	Applicable median family income. Enter the median family income for size. (This information is available by family size at www.usdoj.gov/ust/ust/usdv/ust/usdv/ust/usdv/ust/usdv/usdv/usdv/usdv/usdv/usdv/usdv/usdv			ousehold		
	a. Enter debtor's state of residence: texas b. Enter debtor's		2	\$	55,660.00	
	Application of Section 707(b)(7). Check the applicable box and proceed	as directed.				
15	The amount on Line 13 is less than or equal to the amount on Lin not arise" at the top of page 1 of this statement, and complete Part V					
	▼ The amount on Line 13 is more than the amount on Line 14. Com	plete the remaining p	arts c	of this state	me	nt.
	Complete Parts IV, V, VI, and VII of this statement or	nly if required. (See	Line 15.)	
	Part IV. CALCULATION OF CURRENT MONTHL	Y INCOME FO	R§′	707(b)(2)	
16	Enter the amount from Line 12.				\$	6,000.00
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 1' Line 11, Column B that was NOT paid on a regular basis for the househo debtor's dependents. Specify in the lines below the basis for excluding th payment of the spouse's tax liability or the spouse's support of persons of dependents) and the amount of income devoted to each purpose. If necessal separate page. If you did not check box at Line 2.c, enter zero.	old expenses of the de the Column B income of ther than the debtor of	btor on the state of the state	or the as debtor's		

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19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out- of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out- of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household						·s		
	Household members under 65 years of age Household members 65 years of age or older								
	al.	Allowance per member	60.00	a2.	Allowance	e per member			
	bl.	Number of members	2	b2.	Number of	f members			
	c1.	Subtotal	120.00	c2.	Subtotal			\$	120.00
20A									3
200	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.								
20B	a.	a. IRS Housing and Utilities Standards; mortgage/rental expense \$ 953.00							
	b.	b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 \$							
	c. Net mortgage/rental expense Subtract Line b from Line a.							\$	953.00
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:								
								. \$	0.00
	an exp	Standards: transportation; veh- ense allowance in this category r less of whether you use public tra	egardless of wh						
22A	are inc	the number of vehicles for which cluded as a contribution to your head 1 2 or more.				r for which the opera	ating expenses		
	If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of							\$	5 540.00
22B	amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from								
	the clerk of the bankruptcy court.)						0.00		

B 22A (Official Form 22A) (Chapter 7) (04/10) Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) ☐ 1 **②** 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from 23 Line a and enter the result in Line 23. Do not enter an amount less than zero. IRS Transportation Standards, Ownership Costs 496.00 a. b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42 \$ 439.78 Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a. \$ 56.22 Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. 24 IRS Transportation Standards, Ownership Costs 496.00 b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 \$ 400.00 Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a. 96.00 Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all 25 federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes. 1,620.00 Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and 26 uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. 0.00 Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for 27 term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole \$ 0.00 life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are 28 required to pay pursuant to the order of a court or administrative agency, such as spousal or child support 0.00 payments. Do not include payments on past due obligations included in Line 44. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of 29 employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. \$ 0.00 Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on 30 childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational 0.00 payments. \$ Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not 31 reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. 0.00 Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service-32 such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. 278.00 33 Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32. 4,648.22

B 22A (Official Form 22A) (Chapter 7) (04/10) **Subpart B: Additional Living Expense Deductions** Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. Health Insurance \$ 650.00 a. 34 \$ b. Disability Insurance \$ c. Health Savings Account 650.00 Total and enter on Line 34 If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$ Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an 35 elderly, chronically ill, or disabled member of your household or member of your immediate family who is \$ unable to pay for such expenses. 0.00 Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services 36 Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the \$ court. 0.00 Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must 37 provide your case trustee with documentation of your actual expenses, and you must demonstrate that \$ the additional amount claimed is reasonable and necessary. 0.00Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards. 0.00 Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary. \$ 0.00 Continued charitable contributions. Enter the amount that you will continue to contribute in the form of 40 cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). \$ 0.00

650.00

Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40

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^{*}Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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			Subpart C: Deductions for	Debt Paymen	t		
	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.					he	
42		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?		
	a.	Bank America	3602 Cheyanne, Garland	\$ 1,150	.00		
	b.		•	\$	☐ yes ☐ no		
	c.			\$	☐ yes ☐ no		
				Total: Add Lines a, b and	c.	\$	1,150.00
	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.						
43		Name of Creditor	Property Securing the Debt	1/60th of th	ne Cure Amount		
	a.			\$			
	b.			\$			
	c.			\$			
				Total: Add 1	Total: Add Lines a, b and c		
44	as pric	ority tax, child suppo	priority claims. Enter the total amount and alimony claims, for which you rent obligations, such as those set o	were liable at the t			0.00
	Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.					e	
	a.	Projected average	monthly chapter 13 plan payment.		\$		
45	b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
	c. Average monthly administrative expense of chapter 13 case Total: Multiply Lines a and b					\$	0.00
46	46 Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.		\$	1,150.00			
			Subpart D: Total Deductio	ns from Incom	e		
47	Total	of all deductions all	lowed under § 707(b)(2). Enter the to	otal of Lines 33, 41	and 46.	\$	6,448.22

				,,,,,,,,					
	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION								
48	48 Enter the amount from Line 18 (Current monthly income for § 707(b)(2))								
49	9 Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))								
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48	and enter the result	\$	-448.22					
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.								
	enter the result. \$ 0.0 Initial presumption determination. Check the applicable box and proceed as directed.								
	☐ The amount on Line 51 is less than \$7,025* Check the box for "The presur of this statement, and complete the verification in Part VIII. Do not complete		top (of page 1					
52	The amount set forth on Line 51 is more than \$11,725*. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.								
	The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. (53 through 55).	Complete the remainder of Pa	rt V	I (Lines					
53	Enter the amount of your total non-priority unsecured debt		\$						
54	Threshold debt payment amount. Multiply the amount in Line 53 by the numb	per 0.25 and enter the result.	\$						
55	Secondary presumption determination. Check the applicable box and proceed as directed. The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.								
	Part VII: ADDITIONAL EXPENSE CLA	AIMS							
	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.								
56	Expense Description	Monthly Amount							
	a. b.	\$ \$	\dashv						
	c.	\$	\exists						
	Total: Add Lines a, b and c \$								
Part VIII: VERIFICATION									
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.)								
57	Date: Signature:	(Debtor)							
	Date: Signature:	(Debtor) (Joint Debtor, if any)							

^{*}Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.